



Reporting Extremely Hazardous Substances Notification Form

Please complete this notification form in order to ensure the proper handling. Print legibly or type. Retain a copy for your records.

The owner or operator of each facility, where a substance on the list of extremely hazardous substances is present in an amount in excess of the threshold planning quantity, is required under Connecticut General Statutes, Section 22a-607 and Section 302 of the Emergency Planning and Community Right-to-Know Act to notify the State Emergency Response Commission and the Local Emergency Planning Committees that the facility is subject to the requirements of the Emergency Planning and Community Right-to-Know Act. If the list is revised, the owner or operator of the facility is required to notify the State Emergency Response Commission and the Local Emergency Planning Committee within sixty days of revision.

Part I. Notice Type

This notification serves as (please enter a check mark by the type of notice which best describes this submission):

☐ First Notice

☐ Revised Notice

Part II: Facility Information

1. Facility Name:		
Facility location [No PO Box]:		
City/Town:	State:	Zip Code:
Phone:	ext.	Fax:
2. Mailing Address:		
City/Town:	State:	Zip Code:
3. Business Phone:	ext.	Fax:
24 hour Phone:		

Part III. Facility Representative.

Section 303(d) of the federal law requires that facilities subject to Section 302 notify the State Emergency Response Commission and Local Emergency Planning Committee of a facility representative to participate in the emergency planning process.

Facility Representative	
Name:	
Facility Representative Title:	24 hour Phone:

Part IV: SIC Codes(s) and Dun & Bradstreet Number

SIC Code(s) :
Dun and Bradstreet Number:

Part V: Chemical Name and CAS Number

Chemical Name:	Chemical Name:
CAS #:	CAS #:
Chemical Name:	Chemical Name:
CAS #:	CAS #:
Chemical Name:	Chemical Name:
CAS #:	CAS #:
Chemical Name:	Chemical Name:
CAS #:	CAS #:
Chemical Name:	Chemical Name:
CAS #:	CAS #:
Chemical Name:	Chemical Name:
CAS #:	CAS #:
Chemical Name:	Chemical Name:
CAS #:	CAS #:
Chemical Name:	Chemical Name:
CAS #:	CAS #:

☐ Please enter a check mark, if additional sheets are necessary. If so, label and attach additional sheet(s) to this sheet with the required information as supplied above.

Part VI: Certification

<p>"I have personally examined and am familiar with the information submitted in this document and all attachments thereto, and I certify that based on reasonable investigation, including my inquiry of those individuals responsible for obtaining the information, the submitted information is true, accurate and complete to the best of my knowledge and belief. I understand that a false statement in the submitted information may be punishable as a criminal offense, in accordance with Section 22a-6 of the General Statutes, pursuant to Section 53a-157b of the General Statutes, and in accordance with any other applicable statute."</p>	
Signature of Authorized Representative	Date
Name of Authorized Representative (print or type)	Title (if applicable)
Signature of Preparer	Date
Name of Preparer	Title (if applicable)

Mail completed Notification Form to:

STATE EMERGENCY RESPONSE COMMISSION
c/o DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF MATERIALS MANAGEMENT AND COMPLIANCE ASSURANCE
EMERGENCY RESPONSE AND SPILL PREVENTION
79 ELM STREET
HARTFORD, CT 06106-5127